

SCIF BADGE REQUEST													
NAME (Last, First, Middle Initial)			SECTION (S1, S2, S3, i.e.)		CONTRACTOR NO.			DUTY PHONE					
DOB (Day, Mo, Yr)		PLACE OF BIRTH (City & State)		SSN		GRADE/RANK/SERVICE		DEROS		EMAIL ADDRESS			
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		COLOR OF HAIR		COLOR OF EYES		HEIGHT ____ FT ____ IN		WEIGHT		DUTY PHONE		SIGNATURE OF RECIPIENT	
TYPE BADGE REQUESTED										TO BE COMPLETED BY SSO / SSR			
TYPE		X MARK		Initials		SECTION CHIEF/SUPERVISOR OF HIGHER				BADGE NO.			
TOP SECRET						NAME OF SPONSOR / RANK							
SI						SIGNATURE OF SPONSOR				DATE ISSUED			
TK													
G													
H						DUTY PHONE							
SAP										EXPIRATION DATE			
JUSTIFICATION FOR BADGE													
SSO / SSR		SIGNATURE OF SSO / SSR				DATE				VALIDATION STAMP			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED													

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 8013; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The information contained herein will be used to precisely identify individuals when it is necessary to certify their access to sensitive compartment information.

ROUTINE USE (S): Blanket routine uses, as published by the Department of the Army in the Department of Defense register.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may result in denial of the processing of this badge request.